



Docket No.: 110391

DECLARATION AND POWER OF ATTORNEY UNDER 35 USC §371(c)(4) FOR PCT APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that:
my residence, post office address and citizenship are as stated below under my name:

	•		- cance below allact thy half	•
and lottic inventor	invention entitled: Metho	I below) of the su	ntor (if only one name is listentially and its claiments of Active Ingredients.	ed and for which a message :
described and claim	ed in international applica	tion number PCT	EP00/02011 filed March 8.	2000
i nave ret	viewed and understand the conditional transfer of the condition of the con	ne contents of the	above-identified specificati	2000. on, including the claims, as
I acknowl	edge the duty to disclose	to the Office all in	nformation known to me to b	e material to measure ille
Under Titl	le 35, U.S. Code §119, th	ons 91.36. e priority benefits	of the following foreign ann	lication(s) filed t
legal representatives	or assigns within one yes	r prior to my inter	national application are hereb	ncation(s) med by me or my y claimed:
	lication No. 19910540.5 f			
to die Officed States	ving application(s) for pat of America either (a) mo med foreign priority appli	re than one vear or	ertificate on this invention with items in the my international application of the my international application in the my internation	ere filed in countries foreign ation, or (b) before the filing
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I hereby a prosecute this applic	ppoint the following as ation and to transact all be	my attomeys of rusiness in the Pater	ecord with full power of sunt Office:	bstitution and revocation to
] <i>[</i>	Edward P. Walker, R Mario A. Costantino, el S. Armstrong, Reg. No	eg. No. 31,450; R Reg. No. 33,565;	omas J. Pardini, Reg. No. 30 obert A. Miller, Reg. No. 32 Stephen J. Roe, Reg. No. 34 pher W. Brown, Reg. No. 36 g. No. 31,560.	,771; .463:
ALL CORRESPON BERRIDGE, PLC, P	DENCE IN CONNECT O. BOX 19928, ALEXA	ION WITH THIS NDRIA, VIRGIN	APPLICATION SHOULD IA 22320, TELEPHONE (70)	BE SENT TO OLIFF & 3) 836-6400.
and further that thes punishable by fine of	with knowledge are true and estatements were made or imprisonment, or both,	d that all statemen with the knowleds under Section 10	the contents of this Declarates made on information and bege that willful false statement of of Title 18 of the Unitedation or any patent issued there	elief are believed to be true; ts and the like so made are
<i>O</i> Typewritten Fi	ull Name			
of Sole or Firs		Herma		GI OCKVIED
		Given Name	Middle Initial	GLOCKNER Family Name
Inventor's Sig	nature	termo		
Date of Signature		09	25	2001
Residence:	¥1-:	Month	Day	Year) 1
Residence.	Kleinwallst City	BOT	S-4 5	GERMANY JES
Citizenship:	German		State or Province	Country
Pa	st Office Address:	Dammsweg 5		
	sert complete mailing			
	dress, including country)	63839 Kleinw	allstadt, GERMANY	
Note t Inventor: Pl	lesse sion name on line 7	evaetly as it ann	age in live 1 1 !	

٠,	of Joint Inventor		Horst-Dieter		LEMKE
1-2	2 Inventor's Signature:		Given Name	Dieter Cule	Family Name
3	Date of Signature:	·	09	25	2001
	Residence:	Obern1		Day	Year GERMANY
	Citizenship:	German	City	State or Province	Country
	(Insert	Office Address: complete mailing ss, including country)	DrKittleweg 6	GERMANY	
1	Typewritten Full Nam	ne			
	of Joint Inventor		Christoph		MEYER
2	Inventor's Signature:		Given Names Luristoph	Middle Initial	Family Name
3	3 Date of Signature:		09 1	1/ 27	2001
20	Residence:		Month rucken	Day	Year GERMANY
	Citizanskia		City	State or Province	Country
P.F	Citizenship:	German Office Address:	Waldwiese 5		· · · · · · · · · · · · · · · · · · ·
	Typewritten Full Nam of Joint Inventor	s, including country)	66123 Saarbrucken, Given Name	Middle Initial	
2	Inventor's Signature:		Olven Name	Mindle Initial	Family Name
3	Date of Signature:				
4×	Residence:		Month	Day	Year
# [Citizenship:	C	City	State or Province	Country
	(Insert	office Address: complete mailing is, including country)			
1	Typewritten Full Nam of Joint Inventor				
2	Inventor's Signature:		Given Name	Middle Initial	Family Name
3	Date of Signature:				
	Residence:		Month	Day	Year
	*	C	City	State or Province	Country

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.